

L11000039587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

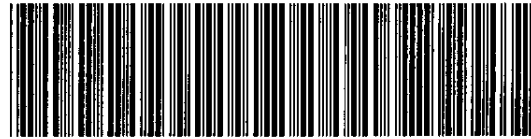
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600214243326

11/14/11--01004--029 **25.00

FILED
2011 NOV 14 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAX ON WAX OFF MOBILE DETAILING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER L CARR

Name of Person

WAX ON WAX OFF MOBILE DETAILING LLC

Firm/Company

844 16th Ave N

Address

ST PETERSBURG FL 33714

City/State and Zip Code

Chris112184@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER CARR

Name of Person

at (727) 410-1957

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WAX ON WAX OFF MOBILE DETAILING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/1/11 and assigned
Florida document number L11000039587

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

844 16th Ave N
ST PETERSBURG FL 33714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

844 16th Ave N
ST PETERSBURG FL 33714

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHRISTOPHER L. CARR

New Registered Office Address:

844 16th Ave N

Enter Florida street address

ST PETERSBURG

City

Florida

33714

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHRISTOPHER L CARR	844 16 th Ave N ST PETERSBURG FL 33714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MICHAEL PONCE DE LEON	5733 CALAIS BLVD N UNIT 2 ST PETERSBURG FL 33714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SIVILAY PONCE DE LEON	5733 CALAIS BLVD N UNIT 2 ST PETERSBURG FL 33714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

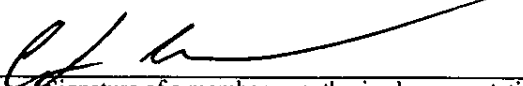
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV 14 PM 3:14

FILED

Dated

11-7-11



Signature of a member or authorized representative of a member

Christopher L. Carr

Typed or printed name of signee